Kansas

UNIFORM APPLICATION 2009

STATE IMPLEMENTATION REPORT COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 08/06/2008 - Expires 08/31/2011

(generated on 11-30-2009 4.48.13 PM)

Center for Mental Health Services

Division of State and Community Systems Development

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Introduction:

The CMHS Block Grant application format provides the means for States to comply with the reporting provisions of the Public Health Service Act (42 USC 300x-21-64), as implemented by the Interim Final Rule and the Tobacco Regulation for the SAPT Block Grant (45 CFR Part 96, parts XI and IV, respectively).

Public reporting burden for this collection of information is estimated to average 563 hours per response for sections I-III, 50 hours per response for Section IV-A and 42 hours per response for Section IV-B, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0080); Room 16-105, Parklawn Building; 5600 Fishers Lane, Rockville, MD 20857.

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Adult - Report Summary of areas which the State identified in the prior FY's approved Plan as needing improvement

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Summary of Areas Previously Needing Improvement (Adult)

Rural Kansas

Kansas has experienced many barriers in providing services to the rural populations, but it goes beyond providing services. Kansas has identified the needs of providing evidenced based practices in both urban and rural areas, but continues to make progress in bringing evidence based practices to the rural areas of Kansas. Of particular concern is the difficulty rural areas have in following exacting fidelity measurements. Many EBPs which have been evaluated in and for urban areas do not easily translate to the rural and frontier areas. Partnering with NAMI, the State of Kansas expanded the use of the Family Psycho-Education Toolkit. The result was the implementation of four pilot sites during FY2008 and continuation on the projects in FY 2009, in Cowley County, Southeast and South Central CMHC, and Pawnee Mental Health. Three of the four sights are in areas deemed rural. Kansas also worked on the implementation of the Supported Employment, Evidenced based practice, in rural parts of the state. Cowley County and East Central Kansas CMHCs have working with the University of Kansas to meet fidelity. Kansas is also forming an EBP Advisory Committee that will, among other things, work to address the barriers to implementing EBPs in rural areas.

Development of a strategic housing plan

The Creating Homes Initiative (CHI) for Kansans was designed to increase safe, affordable housing options for persons who have severe and persistent mental illness, co-occurring substance abuse disorders, developmental disabilities, transitional age youth and ex-offenders with disabilities so that they can live healthy, successful and self-determined lives in their chosen communities. CHI for Kansans is based on the Tennessee's successful Creating Homes Initiative

CHI for Kansans will develop and maintain quality and affordable housing options for persons with disabilities so they can live in communities of their own choice. CHI for Kansans is an outcome focused program that supports the Disability and Behavioral Health Services mission that that people live self-determined, meaningful lives.

Approximately 36,000 Kansans who have disabilities (non-blind) received Supplemental Security Income (SSI) in 2006. In 2006, on average, it took 72.5 % of a person's monthly SSI income to afford an efficiency apartment and 81.7% to afford a one-bedroom apartment. This point to the severe housing affordability problems of persons with disabilities who must survive on incomes far below the federal poverty line. In addition:

- The 2006 point-in-time count for homeless persons showed that there were 844 chronically homeless persons, 1,304 homeless persons with severe mental illness, 1,560 homeless persons with chronic substance abuse and 1,753 homeless veterans;
- In 2006, SRS adopted a policy that prevents discharging persons into homelessness from state-funded institutions, yet in 2007, 5% were discharged into homelessness due to a

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- lack of housing options;
- A significant number of adults with developmental disabilities must share a home with 3 or more unrelated people or live with relatives;
- Ex-offenders who do not find stable, affordable housing in the community are more likely to recidivate than those who do.

Last year SRS submitted a budget request to implement this program. Given the revenue challenges experienced by the state, the request was not granted. However, Mental Health Services has worked cooperatively with the CMHCs in supporting their application for ARRA rapid re-housing funds. As a result \$5.4 million was awarded to the CMHCs to be used for rapid re-housing statewide. Also, Mental Health Services has implemented statewide SOAR training to better assist persons with mental illness to become approved for federal disability benefits with their initial application.

Increased Resources and or access to resources for acute care needs

This area was addressed with the creation of the Via Christi Contract between SRS-MH, and COMCARE, the Mental Health Center in Sedgwick County. This contract provided approximately 120 consumers the ability to reside in their community, or near their home community. In FY 2009 approximately 143 persons were served.

KVC-STAR- This is a specialized program for acute and sub-acute stabilization with a no-reject agreement for the youth of Eastern and Central Kansas. These services provide a shorter more intensive stay. The average length of stay for KVC was 15 days in FY 08 compared to state hospital stays during the same period in FY 07.

In Fiscal year State Fiscal year 2009, approximately 340 residents were served with state general funds.

The Governor of Kansas assembled "Governor's Realignment and Closure Commission" in March of this year. The Commission was charged with determining whether to close or reconfigure several of the state facilities including one of the state mental health hospitals – Rainbow Mental Health Facility (RMHF) in Kansas City. On October 27, 2009, the Commission announced that it was recommending RMHF remain open. This 50 bed facility has been looked at for closure twice during that last decade. Instead of closing Rainbow, the Commission recommended the state should look at opening additional small in-patient mental health facilities, perhaps in Wichita and Topeka. The Commission made this recommendations because they believe that people are best served closer to their home. This mirrors the direction which Kansas has been moving and supports the budget enhancement request that SRS made last year. Mental Health Services is beginning the process of implementing the Commission's recommendation.

In the fall of 2009, SRS also released a "request for proposal" for an inpatient program to serve the youth who are currently being served at Larned State Hospital. An anticipated start date of this program will be prior to FY 2010.

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Aging Mental Health:

The need for aging mental health services has risen to new heights as the aging population of Kansas, as well as the nation, increases. SRS-MH has worked to complete the new State Regulations for our residential care facilities. In addition, the role of the Nursing Facilities for Mental Health (NFMH) has been neglected in the past. The NFMH revisioning group was assembled in 2009 and completed its charter mission in November 2009. This new vision will be the guide for the next steps in the process in moving our system forward.

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 $\begin{tabular}{ll} Adult - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY \\ \end{tabular}$

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Most Significant events that impacted the Mental Health System (Adult)

Budget

Kansas, like many of states has suffered from significantly reduced revenue requiring cuts within their state budget. By the end of November, Governor Parkinson will make even more cuts in an already sparse budget. SRS-MH has experienced some of the cuts earlier this fiscal year, with over \$7 million dollars of reductions to our Community Mental Health Centers grants. In addition, eligibility for MediKan, the state funded program for services for those applying for federal disability benefits, was reduced from 24 to 18 months. This resulted in an approximately \$2.6 million reduction in payments to CMHCs. In addition, the community medication program that provided funding for atypical antipsychotic medications was cut in half. This funding is used to support consumers who have no other payment sources. Kansas remains very lucky as to date, there are no waiting lists established for consumers waiting to receive services at the CMHC's. However, without knowing what this next round of cuts will do, Kansas is anticipating lists to be established at CMHC's in the near future.

Re-Awarding of the PATH Grants

SRS-MH is the recipient of PATH grants that are passed through to our local CMHCs who provide housing to our target population. This funding has provided a gap that had been identified in years past. These are more completely described in the Outreach to Homeless section of this application.

SOAR Training

In September 2009, SRS-MH, with the assistance of the Bazelon Center for Mental Health law and the Kansas statewide Homeless Coalition Kansas, trained approximately 24 CMHC staff, as well as other advocacy organization representatives on a Train-the-Trainer program to assist individuals who are eligible for Medicaid and/or Medicare health insurance receive their benefits.

The program SOAR, SSI/SSDI Outreach, Access and Recovery is a strategy that helps states to increase access to mainstream benefits for people who are homeless or at risk of homelessness through training, technical assistance and strategic planning. SOAR currently works in 34 states, as well as Los Angeles County and has replicated a model that has resulted, thus far, in success rates on initial application of 70 percent compared to the usual 10-15 percent for initial applications of persons who are homeless. Kansas hopes to achieve this same success rate.

Peer Support Services and Crisis Intervention Services

Part of implementing the new Medicaid mental health managed care plan was the establishment of Peer Support Services and Crisis Intervention Services. Peer Support Services (PSS) provide consumer centered, recovery focused supports designed to promote skills for coping and managing psychiatric symptoms. Peer Support Services are provided by persons who have experienced mental illness. Crisis Intervention provides face-to-face supports and services to persons experiencing a mental health crisis with assessment, de-escalation, and immediate crisis resolution.

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Hospital and Home initiative

The Hospital and Home team in conjunction with the Governors Mental Health Services Planning Council have been making great strides in working on the state plan. The following areas were identified as needing attention. The Hospital and Home Core Team continues to monitor efforts of nine different program improvement initiatives.

• Enhanced CROs and family support

CRO's remain an important part of systems of care. State support is vital to their existence. By empowering them to work together, we are creating a stronger network. We are assisting the Association of Consumer Run Organizations to provide technical assistance and support to each other, increasing their self-efficiency and Resiliency. Although SRS-MH has experienced several budget cuts, the Secretary of SRS remains committed to support these organizations. Thus far, funding for CROs has remained intact even in the face of serious revenue shortfalls in Kansas.

• Establish a new vision for NF/MHs (Nursing Facilities for Mental Health)

The stakeholder group was identified and worked throughout the year to develop this final vision:

NEW VISION: Identify the various expanded roles of NFsMH and determine which of these best contribute to an effective array of mental health services that ensure that persons with mental illness recover and live safe, healthy, successful lives in their homes and communities.

1: Nursing facilities for mental health are licensed as providers of mental health services as an alternative to being licensed as a nursing home.

Actions:

- > Seek a method to secure Medicaid funding in another way and/or,
- > Seek State General Funds (SGF) to replace Full Federal Participation (FFP)
- 2: Nursing facilities for mental health are providers of intensive rehabilitation, recovery support and independent living.
 - Revise the annual screen for continued stay assessment tool
 - Continue the annual screen for continued stay process to determine if resources are available to support the individual in the community
 - ➤ Facilitate training of NFMH and CMHC staff, including how to transition people into the community and effective ways to address difficult and challenging behavior with emphasis on de-escalation.
 - Maintain a continuous review of persons who require long term care
- 3: Nursing facilities for mental health are transitional with emphasis on discharge planning at the time of admission.

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- Redefine roles of NFsMH and CMHCs
 - NFsMH and CMHCs form partnerships/affiliate agreements outlining specific roles and shared responsibilities in transitioning individuals into the community
 - (I think more needs to be said here but not sure how to say it and want to be careful not to offend NFsMH)
 - o Consumers will have options and be aware of them
 - Planning for discharge will be based on person centered decision making and will include the consumer, guardian/family, NFMH, CMHC and any other stakeholders identified by the consumer
- ➤ CHMH's located closest to the NFMH lead the community based planning and discharge efforts and will be responsible for linking the person to the CMHC in the area where the person wants to live; the CMHC is reimbursed for these activities.
- 4: Services will be available across the state in closer proximity to the person's home and community.
 - ➤ Increase the use of attendant care service in the community
 - Develop a Private Non-Medical Institution (PNMI) program*

• Improved discharge planning from inpatient treatment

Kansas has implemented replication of a pilot project that has proven to be effective in supporting families who are raising children with extremely challenging behaviors. The University of Kansas implemented a pilot project in Southeast Kansas that provides intensive support and modeling for families that has greatly increased and improved their abilities to raise children experiencing seriously challenging behaviors. SRS-MH determined that children from Sedgwick County were experiencing very long stays in psychiatric residential treatment facilities. As a result a grant agreement was reached that will replicate the successes from the Southeast Kansas project to Sedgwick County.

Improved screening and assessment

A work team has nearly completed up-dating and improving the state mental health hospital screening assessment and discharge planning process. Once complete the up-dated processes will be reviewed by key stakeholders, finalized, and implemented. This is expected to improve the quality of referrals to state mental health hospitals, increase diversions from inpatient placement, and speed discharge planning.

•Coordinating Physical and Mental Health Treatment

The Medicaid funded community mental health managed care organization, Kansas Health Solutions, and the Association of Community Mental Health Centers of Kansas have joined forces with the FQHCs and RHC to develop a pilot project for improving the coordination of

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mental health and physical health care. The plan calls for the identification of persons served by both systems who are experiencing serious mental and physical illness and focusing efforts on improving the coordination of their care and treatment. The project is in the initial planning stages and is expected to be fully implemented by the end of the year.

•Assessment of Crisis Services Continuum

SRS-MH has assessed the extent to which the mental health crisis services continuum identified and defined by the Hospital and Home Work Team is provided throughout Kansas. Information gathered by that assessment will be used to determine where mental health crisis services can be improved without additional resources and making efforts to achieve those improvements. In addition, the assessment will be used to determine where additional resources are needed to complete the recommended crisis continuum. This information will be used to develop future budget enhancement requests.

•Quality of Life Outcome Measures

The Hospital and Home Core Team has identified high level and lower level outcomes that should be measured to ensure that mental health services are effective in Kansas. These outcomes are the basis for the development of quality of life measures that Kansas will begin to assess. These quality of life measures are indicators of successful mental health treatment and support. They include such things as having a meaningful occupation, self-determination in where to live and with whom to live. Kansas believes this effort is the next logical step to expanding on the federal NOMS measures.

The Joint Solutions Work Group

The Joint Solutions Work Group was re-convened after more than a year between meetings. The Joint Solutions Work Group is made up of all Community Mental Health Centers, the Association of Community Mental Health Center of Kansas, Kansas Health Solutions (the Managed Care Organization), the State Mental Health Hospitals, and Disability and Behavioral Health Services. The goal of the group is to work toward the improvement of the community and inpatient public mental health safety nets. The result of the meeting was a revitalized list of activities that can be undertaken to improve public mental health services to Kansans. This list will be reviewed monthly with the ACMHCK, KHS, and Superintendents.

Client Level Reporting Project

In April, 2008, Kansas SRS/DBHS/MH entered into a contract with the NASMHPD Research Institute (NRI) to provide the management, resources, materials, and services necessary to perform the required tasks. Expectations of this project are to:

- 1. assess and report on the feasibility of providing client level data with reference to individual state readiness, the impact on existing practices and structures, and capacity requirements;
- 2. determine training and technical assistance needs of states and providers;
- 3. evaluate cost implications and valuation of benefits; and

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4. provide insights on NOMS refinements and benchmarking.

The testing phase and submission of the first Client Level Data File was completed this year. This included analysis, definition, and development of the data elements that will make up the national dataset, creation of files used for the testing phase of the project, and successful completion of the first and second Client Level Data File.

SRS is entering the last phase of this project, with our efforts shifted towards a focus on the quality of the data through coordinated efforts with Kansas Health Solutions (KHS), the contractor charged with maintaining the state outpatient mental health information system (AIMS), and the Community Mental Health Centers.

SRS is anxious to learn the result of how the project will be used in future data reporting grants.

Licensing of Community Mental Health Center

SRS-MH and Addiction and Prevention Services (APPS) have been working together to align licensure due dates for Community Mental Health Centers (CMHCs) who are licensed to provide both services. The outcome of aligning the licensure due dates is a possible adjustment to the expiration dates of some CMHC licenses.

The Community Mental Health Center Licensing process has changed from a total licensing review, to a Focus Review process. This review will focus on specific regulations that will be used by the Quality Assurance licensing team to survey each center. This new process was implemented in August 2009 and will be used for the next CMHC licensing visit.

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Adult - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

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Expenditures (Adult and Child)

The 27 CMHC's receive funding through the Mental Health Block Grant; the total funding distributed is \$2,465,801. This money is used for a variety of different transformation, innovative ideas. These activities were described in the 2009 application. Some centers used the funding to supplement and sustain current activities.

The 2009 Block grant provided necessary funding to help the Kansas mental health system provide needed programs and services to the consumers of Kansas. The recipients included all 27 CMHC's and their affiliates, as well as our growing number (22) of Consumer Run Organizations (CROs).

Funding for the expansion of CROs was provided through increases in the Mental Health Block Grant from 2000-2004. Since then, state general funds have been invested in order to encourage the development of new CROs and the growth of existing CROs. Demand for CRO services continues to increase across Kansas every year. CROs are finding ways to partner with local organizations to provide services to the mental health consumers in their area.

With the growing demand for more CRO's across Kansas, SRS-MH developed a plan in 2009 to providing additional technical assistance to the CROs. This plan was to increase the responsibilities of the Association of Consumer Run Organization Network of Kansas (MHCRONK). These increase responsibilities included financial support to provide peer technical support within the CRO's of Kansas. With the addition of the Certified Peer Support Service to the current state Medicaid plan, Kansas has seen a sharp rise this year in the number of consumers who participate in the CRO's and wish to take their leadership skills even further.

FY 2009 Funding: \$393,000

The community training identified in the 2007 and 2008 Block grant application was made possible with funds provided by the 2008-2010 block grant funding. Horizon's Community Mental Health center provided over 32 hours of training to Law enforcement in 200. While Mental Health of the Heartland committed to starting a leadership program for SED youth at 5 sites across Kansas. The funding has provided this group of youth the ability to take their message to the community by educating teachers, clergy, and social organizations about what it is like to live with Mental Illness and how it hasn't stopped them from achieving their goals.

FY 2009 Funding \$18,000

Youth Leader in Kansas (YOUTHLINK)

Mental Health of the Heartland continued with their commitment to provide a leadership program for SED youth at 7 sites across Kansas. The funding has provided this group of youth the ability to take their message to the community by educating teachers, clergy, and social organizations about what it is like to live with Mental Illness and how it hasn't stopped them

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from achieving their goals. A state wide conference for youth and their family who participate in the YLINK project, is held every year in Wichita, Ks. This conference allows youth learn from each other and gain ideas of what they would like to accomplish in the future.

FY 2009 Funding \$32,537

In FY2010, intensive case management services (Heartland RADAC) will provide case management and care coordination services to individuals with substance abuse and co-occurring mental health issues and/or homelessness issues. This will target two types of individuals for services:

- Individuals with a history of admission to Osawatomie State Hospital (OSH) and Rainbow Mental Health (Social Detoxification patients and Psychiatric patients) who have co-occurring substance abuse and mental health issues, and
- Prevention Clients, individuals that do not have a history of admission to state hospitals, but are considered to be "on the road to" or "at risk for" for admission without intensive intervention based on functionality. They are considered at risk of being admitted due to co-occurring mental health and substance abuse issues, multiple unsuccessful treatment episodes and/or being homeless. They are individuals that frequently show up in local social detoxification programs and hospital emergency rooms.

This is the 4th year, RADAC has provided such services, the outcomes since the beginning of the project has resulted in over 254 clients avoid or reduce hospitalization. RADAC receives a total of \$221,000 in state funding with \$86,000 coming directly from the block grant.

FY 2009 funding \$86,000

For the sum of \$2,995,338 dedicated to transformation activities and services, plus \$147,216 administrative fees bringing the total to \$3,142,554

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Child - Report Summary of areas which the State identified in the prior FY's approved Plan as needing improvement

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Summary of Areas Previously Needing Improvement (Child)

Increased Resources and or access to resources for acute care needs

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Child Welfare & Mental Health Partner ship

The number of youth in state custody identified as SED is still on the rise as documented in the 2008 focus study conducted by Kansas University. With the implementation of the Managed Care Contract, the number of youth being served has increased dramatically, as well as the timeliness of receiving services. This report provides a depth view of the relationship between the child welfare system and mental health.

The use of the KVC-Star has also increased during the past year. SRS-MH has done an in-depth study to determine reasons behind this increase. Although, no one single factor has been

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 $\hbox{Child-Report Summary of the most significant events that impacted the mental health system of the State in the previous FY } \\$

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Most Significant events that impacted the Mental Health System (Child)

Budget

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SED Waiver Review

In October the Centers for Medicare and Medicaid Services conducted a Financial Review of the concurrent 1915(b)(c) Waiver. This waiver provides for the managed care PAHP/PIHP programs and the Home Community Based Services (HCBS) Seriously Emotionally Disturbed (SED) Waiver. The six assurances below are requirements of the 1915(c) waiver. According to the consultant for CMS, Kansas is the first state to substantially meet all six assurances.

- State Conducts Level of Care (LOC) Determinations Consistent with the Need for Institutionalization- The State substantially meets the assurance.
- Service Plans are Responsive to Waiver Participant Needs-The State substantially meets the assurance.
- Qualified Providers Serve Waiver Participants- The State substantially meets the assurance.
- Health and Welfare of Waiver Participants- The State substantially meets the assurance.
- State Medicaid Agency Retains Administrative Authority Over the Waiver Program-The State substantially meets the assurance.
- State Provides Financial Accountability for the Waiver-The State substantially meets the assurance.

Psychiatric Residential Treatment Facility Community Based Alternative (PRTF CBA)

In 2006 Kansas was one of 10 states awarded a Department of Health and Human Services grant to provide community based services to youth who are eligible to be placed or being discharged from a Psychiatric residential treatment facility (PRTF). The program was implemented in FY 2008 and to date, has 100 children participating on the waiver.

The PRTF CBA is a U.S. Department of Health and Human Services grant funded waiver similar to the SED Waiver except that it targets children whose SED would qualify them for placement

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in a PRTF or who are being discharged from a PRTF. The PRTF CBA allows Kansas to expand SED Waiver type services to children experiencing a somewhat lower acuity of mental health symptoms than children served by the SED Waiver. The PRTF CBA provides all of the benefits of the SED

Waiver plus two additional services:

- **Community Transitional Support:** is for children who, within 6-9 months, are transitioning into independent living. Children receiving this service may be granted up to \$3,000 to establish independent living.
- Employment Support and Preparation: is an intensive ongoing support, which enables a participant to obtain and maintain competitive employment. Supervision and training are provided in the community and at the work site.

Hospital and Home initiative

The Hospital and Home team in conjunction with the Governors Mental Health Services Planning Council have been making great strides in working on the state plan. The following areas were identified as needing attention.

• Enhanced CROs and family support

CRO's remain an important part of systems of care. State support is vital to their existence. By empowering them to work together, we are creating a stronger network. We are assisting the Association of Consumer Run Organizations to provide technical assistance and support to each other, increasing their self-efficiency and

• Improved discharge planning from inpatient treatment

Kansas has implemented replication of a pilot project that has proven to be effective in supporting families who are raising children with extremely challenging behaviors. The University of Kansas implemented a pilot project in Southeast Kansas that provides intensive support and modeling for families that has greatly increased and improved their abilities to raise children experiencing seriously challenging behaviors. SRS-MH determined that children from Sedgwick County were experiencing very long stays in psychiatric residential treatment facilities. As a result a grant agreement was reached that will replicate the successes from the Southeast Kansas project to Sedgwick County.

• Improved screening and assessment

A cross walk between current protocols and future plans is being conducted. Since screening and discharges affect the entire mental health system, this project has great importance to everyone. The changes to be implemented should help bring the system and the consumers into better balance and help assure the best use of scarce resources for the most vulnerable and in the most need. In addition, this should further advance the use of Community-based services when possible.

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•Coordinating Physical and Mental Health Treatment

The Medicaid funded community mental health managed care organization, Kansas Health Solutions, and the Association of Community Mental Health Centers of Kansas have joined forces with the FQHCs and RHC to develop a pilot project for improving the coordination of mental health and physical health care. The plan calls for the identification of persons served by both systems who are experiencing serious mental and physical illness and focusing efforts on improving the coordination of their care and treatment. The project is in the initial planning stages and is expected to be fully implemented by the end of the year.

•Assessment of Crisis Services Continuum

SRS-MH has assessed the extent to which the mental health crisis services continuum identified and defined by the Hospital and Home Work Team is provided throughout Kansas. Information gathered by that assessment will be used to determine where mental health crisis services can be improved without additional resources and making efforts to achieve those improvements. In addition, the assessment will be used to determine where additional resources are needed to complete the recommended crisis continuum. This information will be used to develop future budget enhancement requests.

•Quality of Life Outcome Measures

The Hospital and Home Core Team has identified high level and lower level outcomes that should be measured to ensure that mental health services are effective in Kansas. These outcomes are the basis for the development of quality of life measures that Kansas will begin to assess. These quality of life measures are indicators of successful mental health treatment and support. They include such things as having a meaningful occupation, self-determination in where to live and with whom to live. Kansas believes this effort is the next logical step to expanding on the federal NOMS measures.

• Evidenced based practices for children

Kansas University is currently preparing a parent support practice protocol and fidelity implementation procedures. Upon completion of this task, KU will then implement this practice in a test site (Labette County). They will monitor and report back to SRS-MH the outcome prior to June 30, 2010.

Psychiatric Residential Treatment Facilities

The Psychiatric Residential Treatment Facility standards were revised and implemented in FY 2009 The Interpretative Guidelines used for conducting surveys were also updated to include the language from the revised standards along with inquires and interpretation from the Centers for Medicare and Medicaid Services. The addition of a Registered Nurse as part of the survey team will now enhance SRS's ability to provide medical technical assistance to those facilities struggling with compliance issues.

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The PRTF outcomes pilot project ended in September 2009. Full implementation of a web-based application will be available to all PRTF by March 2010.

Youth Initiative

SRS-MH has funded the Youth Initiative in several areas of the state to support children in their recovery. With the help of parents and mentors, this program provides children leadership skills and self-advocacy to support their recovery and resilience. In 2009 the program grew to, seven statewide site and over 60 youth participating. An additional two other sites are being developed with an anticipated start date of spring 2010 planned.

Licensing of Community Mental Health Center

SRS-MH and Addiction and Prevention Services (APPS) have been working together to align licensure due dates for Community Mental Health Centers (CMHCs) who are licensed to provide both services. The outcome of aligning the licensure due dates is a possible adjustment to the expiration dates of some CMHC licenses.

The Community Mental Health Center Licensing process has changed from a total licensing review, to a Focus Review process. This review will focus on specific regulations that will be used by the Quality Assurance licensing team to survey each center. This new process was implemented in August 2009 and will be used for the next CMHC licensing visit.

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Child - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

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Expenditures (Adult and Child)

The 27 CMHC's receive funding through the Mental Health Block Grant; the total funding distributed is \$2,465,801. This money is used for a variety of different transformation, innovative ideas. These activities were described in the 2009 application. Some centers used the funding to supplement and sustain current activities.

The 2009 Block grant provided necessary funding to help the Kansas mental health system provide needed programs and services to the consumers of Kansas. The recipients included all 27 CMHC's and their affiliates, as well as our growing number (22) of Consumer Run Organizations (CROs).

Funding for the expansion of CROs was provided through increases in the Mental Health Block Grant from 2000-2004. Since then, state general funds have been invested in order to encourage the development of new CROs and the growth of existing CROs. Demand for CRO services continues to increase across Kansas every year. CROs are finding ways to partner with local organizations to provide services to the mental health consumers in their area.

With the growing demand for more CRO's across Kansas, SRS-MH developed a plan in 2009 to providing additional technical assistance to the CROs. This plan was to increase the responsibilities of the Association of Consumer Run Organization Network of Kansas (MHCRONK). These increase responsibilities included financial support to provide peer technical support within the CRO's of Kansas. With the addition of the Certified Peer Support Service to the current state Medicaid plan, Kansas has seen a sharp rise this year in the number of consumers who participate in the CRO's and wish to take their leadership skills even further.

FY 2009 Funding: \$393,000

The community training identified in the 2007 and 2008 Block grant application was made possible with funds provided by the 2008-2010 block grant funding. Horizon's Community Mental Health center provided over 32 hours of training to Law enforcement in 200. While Mental Health of the Heartland committed to starting a leadership program for SED youth at 5 sites across Kansas. The funding has provided this group of youth the ability to take their message to the community by educating teachers, clergy, and social organizations about what it is like to live with Mental Illness and how it hasn't stopped them from achieving their goals.

FY 2009 Funding \$18,000

Youth Leader in Kansas (YOUTHLINK)

Mental Health of the Heartland continued with their commitment to provide a leadership program for SED youth at 7 sites across Kansas. The funding has provided this group of youth the ability to take their message to the community by educating teachers, clergy, and social organizations about what it is like to live with Mental Illness and how it hasn't stopped them

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from achieving their goals. A state wide conference for youth and their family who participate in the YLINK project, is held every year in Wichita, Ks. This conference allows youth learn from each other and gain ideas of what they would like to accomplish in the future.

FY 2009 Funding \$32,537

In FY2010, intensive case management services (Heartland RADAC) will provide case management and care coordination services to individuals with substance abuse and co-occurring mental health issues and/or homelessness issues. This will target two types of individuals for services:

- Individuals with a history of admission to Osawatomie State Hospital (OSH) and Rainbow Mental Health (Social Detoxification patients and Psychiatric patients) who have co-occurring substance abuse and mental health issues, and
- Prevention Clients, individuals that do not have a history of admission to state hospitals, but are considered to be "on the road to" or "at risk for" for admission without intensive intervention based on functionality. They are considered at risk of being admitted due to co-occurring mental health and substance abuse issues, multiple unsuccessful treatment episodes and/or being homeless. They are individuals that frequently show up in local social detoxification programs and hospital emergency rooms.

This is the 4th year, RADAC has provided such services, the outcomes since the beginning of the project has resulted in over 254 clients avoid or reduce hospitalization. RADAC receives a total of \$221,000 in state funding with \$86,000 coming directly from the block grant.

FY 2009 funding \$86,000

For the sum of \$2,995,338 dedicated to transformation activities and services, plus \$147,216 administrative fees bringing the total to \$3,142,554

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Name of Implementation Report Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	.27	27	29	28	96.55
Numerator	N/A	N/A		N/A	
Denominator	N/A	N/A		N/A	

Table Descriptors:

Adults with SPMI and children/adolescents with SED residing in the State of Kansas will Goal:

have available to them comprehensive, accessible, community-based mental health services.

Target: Comprehensive, community-based mental health system.

Population: Adults with Serious and Persistent Mental Illnesses.

Criterion: 2: Mental Health System Data Epidemiology

3:Children's Services

Indicator: The number of adults with SPMI that receive services at a CMHC in Kansas will increase.

Measure: Numerator: Number of adults with SPMI who receive CMHC services. Denominator: Total

estimated prevalence of adults with SPMI in Kansas.

Sources of Enrollment data from CMHCs; demographic data and prevalence rates based on accepted

Information: formulas.

Significance: The target population for state-funded mental health services is those adults with a

> Serious and Persistent Mental Illness. Based on accepted formulas, a given percentage of this total population will require state-funded services due to the financial and clinical characteristics of their situation. Consumers receive state-funded services from the CMHCs. Quick, convenient entry into the mental healthcare system is a critical aspect of accessibility

of services. Delays can result in inappropriate care or an exacerbation of distress.

Activities and strategies/

Special Issues:

changes/ innovative or exemplary model:

Not Achieved/If Not, Explain Why:

Target Achieved or Target not achieved. During FY2008, Kansas implemented a Managed Care product to provide mental health services throughout the state with the primary purpose of expanding the provider network to reach a broader population, especially in rural and frontier areas of the state. Analysis of penetration rates for FY09 show the number of people accessing mental health services, including adults with severe and persistent mental illness through private (non-CMHC) providers has continued to increase the overall penetration rate throughout the state.

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Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	12	12.26	11.50	11.95	96.23
Numerator	406	490		455	
Denominator	3,384	3,997		3,808	

Table Descriptors:

Goal: Individuals with serious and mental illness, both children and adults will not be hospitalized

unnecessarily, but will increase their community tenure.

Comprehensive, community-based mental health system. Target:

Population: Adults with Serious and Persistent Mental Illnesses.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

3:Children's Services

Indicator: The Average Length of Stay of adults with SPMI at the SMHHs (Osawatomie State Hospital,

Rainbow Mental Health Facility, and Larned State Hospital) will remain stable or decrease

during the fiscal year 2008.

Numerator: Number of adults readmitted to the SMHH within 30 days. Denominator: Total Measure:

number of SMHH discharges.

Sources of Information: SMHH admission and discharge data.

Special Issues:

Significance: Hospitalization is restrictive and separates the consumers from their families and friends.

Lower lengths of stay are measures of effective efforts to divert hospitalizations to

community services.

Activities and strategies/

During FY2008, in response to the growing demand for more Mental Health inpatient beds, Kansas SRS Mental Health, under the leadership of the Deputy Secretary of Social and

changes/ innovative Rehabilitation Services Disability and Behavioral Health Services, formed the Hospital and or exemplary model: Home Initiative Core Team. The findings of this team identified specific goals in several

target areas and implemented specific changes during FY2009. Improvement in this indicator was achieved during FY09 with positive results from this effort expected

throughout FY10 as these goals are accomplished.

Not Achieved/If

Target Achieved or Target not achieved. See activities and strategies.

Not, Explain Why:

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Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	27.36	27.92	26.50	27.44	96.57
Numerator	926	1,116		1,045	
Denominator	3,384	3,997		3,808	

Table Descriptors:

Goal: Individuals with serious mental illness, both children and adults will not be hospitalized

unnecessarily, but will increase their community tenure.

The Average Length of Stay of adults with SPMI at the SMHHs (Osawatomie State Hospital, Target:

Rainbow Mental Health Facility, and Larned State Hospital) will remain stable or decrease

during fiscal year 2008.

Population: Adults with Severe and Persistent Mental Illnesses.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

3:Children's Services

Indicator: The Average Length of Stay of adults with SPMI at the SMHHs (Osawatomie State Hospital,

Rainbow Mental Health Facility, and Larned State Hospital) will remain stable or decrease

during fiscal year 2008.

Numerator: Number of adults readmitted to the SMHH within 180 days. Denominator: Total Measure:

number of SMHH discharges.

Sources of SMHH admission and discharge data.

Information: **Special Issues:**

Significance: Hospitalization is restrictive and separates the consumers from their families and friends.

Lower lengths of stay are measures of effective efforts to divert hospitalizations to

community services.

Activities and strategies/

During FY2008, in response to the growing demand for more Mental Health inpatient beds, Kansas SRS Mental Health, under the leadership of the Deputy Secretary of Social and changes/ innovative Rehabilitation Services Disability and Behavioral Health Services, formed the Hospital and

or exemplary model: Home Initiative Core Team. The findings of this team identified specific goals in several target areas and implemented specific changes during FY2009. Improvement in this indicator was achieved during FY09 with positive results from this effort expected

throughout FY10 as these goals are accomplished.

Target Achieved or See activities and strategies.

Not Achieved/If Not, Explain Why:

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Name of Implementation Report Indicator: Evidence Based - Number of Practices (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	3	3	3	3	100
Numerator	N/A	N/A		N/A	
Denominator	N/A	N/A		N/A	

<u>Table Descriptors:</u>

Goal: Adults with SPMI and children/adolescents with SED residing in the State of Kansas will

have available to them comprehensive, accessible, community-based mental health services.

Target: Adults with Severe and Persistent Mental Illnesses

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

3:Children's Services

Indicator:
Measure:
Sources of
Information:
Special Issues:
Significance:

Activities and Kansas hopes to begin reviewing EBPs for Childrens Services during the FY 2008 time strategies/ period. We would like to begin implementing more EBPs and believe that with the changes/ innovative implementation of the PAHP, the SMHA will have more time to determine which EBPs best or exemplary model: represent what is needed for services in Kansas.

Target Achieved or Target Achieved.

Not Achieved/If Not, Explain Why:

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Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Supported Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	.51	50.91	52	53.62	103.12
Numerator	N/A	4,661		5,065	
Denominator	N/A	9,156		9,446	

Table Descriptors:

Goal: Adults with SPMI and children/adolescents with SED residing in the State of Kansas will

have available to them comprehensive, accessible, community-based mental health services.

Target:

Population: Adults with Severe and Persistent Mental Illnesses

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

3:Children's Services

Indicator: The number of adults with SPMI receiving Supported Housing Services will increase.

Measure: Numerator: Number of adults with SMPI receiving services at a CMHC who are recieving

Supported Housing.

Denominator: Number of adults with SPMI who are receiving CMHC services.

Sources of Information: Enrollment/encounter information provided by the CMHCs.

Special Issues: The Kansas SRS/Mental Health Department conducted Supported Housing training in 2006

> and 2007 through a contract with the University of Kansas. Kansas CMHCs report that 7,175 consumers with SPMI were living independently and receiving community-based supported housing services. Although the SAMHSA EBP Toolkit is not published at this time, during FY2008 SRS/Mental Health, together with various stakeholders throughout the state, set out to develop our own Supported Housing toolkit which will include a fidelity

scale with ongoing progress occurring in fiscal year 2009.

Significance:

Activities and See Special Issues section.

strategies/

changes/ innovative or exemplary model:

Target Achieved or Target Achieved.

Not Achieved/If Not, Explain Why:

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Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Supported

Employment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	.27	25.75	27	25.57	94.70
Numerator	N/A	2,358		2,415	
Denominator	N/A	9,156		9,446	

Table Descriptors:

Goal: Adults with SPMI and children/adolescents with SED residing in the State of Kansas will

have available to them comprehensive, accessible, community-based mental health services.

Target:

Population: Adults with Serious and Persistent Mental Illnesses

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

3:Children's Services

Indicator:

Measure: Numerator: Number of adults with SMPI receiving services at a CMHC who are receiving

Supported Employment Services. Denominator: Number of adults with SPMI who are

receiving CMHC services

Sources of Information: Enrollment/encounter information provided by the CMHCs.

Special Issues: Modifications were made in FY08 to the information reported for this performance measure.

Previously it had been capturing the percentage of the SPMI population that were competitively employed. Adjustments were made to accurately report the number of adults with SPMI that are recieving Supported Employment. Changes to historical information were also made where possible. For FY2008, the Kansas Kansas SRS/Mental Health Department began collecting information from the CMHCs in 2 ways. The amount reported in FY09 as the performance indicator represents those consumers that have received Supported Employment Services based on the federal definition of this EBP. A subset of this population represent consumers whose services are monitored for fidelity through a contract between SRS/Mental Health and the University of Kansas. For FY2009, there were

1,265 adults with SPMI who recieved Supported Housing Services following this monitoring protocol. This represents over 52% of all consumers who have received Supported Housing

Services and 13.4% of the total SPMI population.

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

Target not achieved. Kansas has experienced a significant rise in unemployment since July, 2008, when the unemployment rate was 4.9% for the state. In July, 2009, Kansas unemployment rate had increased to 7.7%, with nearly 50,000 jobs lost in the last year. While adults with SPMI served through our public mental health system have been affected, the projected performance of this outcome reflects a modest decline, due in large part to the increasing efforts of our CMHCs to provided Supported Employment Services that are monitored for fidelity through a contract with the University of Kansas and therefore qualify for higher reimbursement to the CMHC. Currently, CMHCs that provide over half (52.48%) of the consumers with Supported Employment Services are monitored for compliance with the Dartmouth model. This is an increase of 35% over last year.

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ADULT - IMPLEMENTATION REPORT

Transformation Activities: \Box

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Assertive Community Treatment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)		
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained		
Performance Indicator	N/A	N/A	N/A	N/A	N/A		
Numerator	N/A	N/A		N/A			
Denominator	N/A	N/A		N/A			

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Kansas does not provide a program for Assertive Community Treatment that meets the

SAMHSA criteria for EBP; therefore no data is reported for this Performance Indicator.

Significance:

Activities and strategies/

changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

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ADULT - IMPLEMENTATION REPORT

Transformation Activities: \Box

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Family Psychoeducation (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A		N/A	
Denominator	N/A	N/A		N/A	

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues: Kansas does not provide a program for Family Psychoeducation that meets the

SAMHSA criteria for EBP; therefore no data is reported for this Performance Indicator.

Significance:

Activities and strategies/

changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

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Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Integrated Treatment of Co-Occurring Disorders(MISA) (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	.20	21.31	21.50	22.59	105.07
Numerator	N/A	1,951		2,134	
Denominator	N/A	9,156		9,446	

Table Descriptors:

Goal: Adults with SPMI and children/adolescents with SED residing in the State of Kansas will

have available to them comprehensive, accessible, community-based mental health services.

The number of adults with a SPMI in need of substance abuse and mental health treatment Target:

who receive integrated services for treatment of co-occurring disorders will increase.

Population: Adults with Serious and Persistent Mental Illnesses.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

3:Children's Services

Indicator: Distict count of the number of Adults with SPMI Receiving Integrated Treatment for Co-

occurring Disorders

Measure: Numerator: Distict count of adults with SPMI Receiving Integrated Treatment for Co-

occurring Disorders.

Denominator: Distict count of adults with SPMI receiving CSS services.

Enrollment/encounter information provided by the CMHCs through the Client Status Report Sources of Information:

system and the Automated Information Management System (AIMS) and the Kansas Client

Placement Criteria (KCPC, the substance abuse information management system).

Special Issues: Adults that have received integrated services for co-occurring disorders are reported

through the Mental Health Automated Information Management System (AIMS). Counts for this Evidenced Based Practice have been based on CMHCs that have met the federal

definition of IDDT. Currently, fidelity is measured on a subset of this population

representing 724 adults with SPMI, over one-third of the population reported under the

federal definition.

Significance: Integrated Treatment for co-occurring Substance abuse among persons with SPMI is an

increasingly relevant indication of whether the systems are working in a cohesive manner to

promote recovery in both areas of a person's life. In the past, co-treatment has been

difficult to obtain for many people.

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Target Achieved.

Not Achieved/If Not, Explain Why:

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ADULT - IMPLEMENTATION REPORT

Transformation Activities: \Box

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Illness Self-

Management (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A		N/A	
Denominator	N/A	N/A		N/A	

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

3:Children's Services

Indicator:

Measure:

Sources of

Information:

Special Issues: Kansas does not provide a program for Illness Self-Management that meets the SAMHSA

criteria for EBP; therefore no data is reported for this Performance Indicator.

Significance:

Activities and strategies/

changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

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ADULT - IMPLEMENTATION REPORT

Transformation Activities: \Box

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Medication Management (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A		N/A	
Denominator	N/A	N/A		N/A	

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

3:Children's Services

Indicator:

Measure:

Sources of

Information:

Special Issues: Kansas does not provide a program for Medication Management that meets the SAMHSA

criteria for EBP; therefore no data is reported for this Performance Indicator.

Significance:

Activities and strategies/

changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

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Name of Implementation Report Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	88.50	80.03	84	84.42	100.50
Numerator	754	469		1,165	
Denominator	852	586		1,380	

Table Descriptors:

Adults with SPMI and children/adolescents with SED residing in the State of Kansas will Goal:

have available to them comprehensive, accessible, community-based mental health services.

Target:

Population: Adults with Severe and Persistent Mental Illnesses who respond to the Kansas Consumer

Satisfaction Survey.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

3:Children's Services

Indicator: The percentage of adults with SPMI that rate access to services positively will increase.

Measure: Numerator: The number of respondents who answered "Agree" or "Strongly Agree", to

three survey questions relating to access, on a five-point response. Denominator: The

total number of adult respondents to the Kansas Consumer Satisfaction Survey.

Sources of Statewide aggregate data from the Kansas Adult Consumer Satisfaction Survey, a variation Information:

of the MHSIP survey. The items on the survey instrument that relate to access are

questions 4 through 9.

Special Issues:

Significance: Quick, convenient entry into the mental healthcare system is a critical aspect of accessibility

of services. Delays can result in inappropriate care or an exacerbation of distress. Access is

measured here by consumer satisfaction with factors such as distance of services, availability of transportation, parking, emergency services after hours, and staff being readily available for the consumer. The data reported is based on consumers' self reports.

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Target Achieved

Not Achieved/If Not, Explain Why:

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Name of Implementation Report Indicator: Adult - Increase/Retained Employment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	30.55	29.58	30.50	26.22	85.97
Numerator	2,730	2,708		2,477	
Denominator	8,937	9,156		9,446	

Table Descriptors:

Goal: Adults with SPMI and children/adolescents with SED residing in the State of Kansas will

have available to them comprehensive, accessible, community-based mental health services.

Target:

Population: Adults with Serious and Persistent Mental Illnesses

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: 30% of adults with SPMI who are receiving CMHC case management services will be

competitively employed.

Measure: Numerator: Number of adults with SMPI receiving services at a CMHC who are competitively

employed.

Denominator: Number of adults with SPMI who are receiving CMHC services

Sources of Enrollment information provided by the CMHCs through the Automated Information

Information: Management System (AIMS).

Special Issues: Kansas has experienced a significant rise in unemployment since July, 2008, when the

unemployment rate was 4.9% for the state. In July, 2009, Kansas unemployment rate had increased to 7.7%, with nearly 50,000 jobs lost in the last year. While adults with SPMI served through our public mental health system have been affected, the projected performance of this outcome reflects a modest decline, due in large part to the increasing

efforts of our CMHCs to provided Supported Employment Services.

Significance: Meaningful employment is a significant factor in self-esteem and recovery. A consumer who

is competitively employed is one who is engaged in part-time (at least 5 hours per week) or roughly full-time (at least 30 hours per week), paid employment in the community outside of the CMHC. For part-time employment, less than 30 hours per week, a job coach may be

present less than 33% of the work time.

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Target not achieved. See special issues.

Not, Explain Why:

Not Achieved/If

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Name of Implementation Report Indicator: Adult - Decreased Criminal Justice Involvement (Percentage)

					` ,
(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	85.99	85.90	87	82.87	95.25
Numerator	7,685	7,865		7,828	
Denominator	8,937	9,156		9,446	

Table Descriptors:

Goal: Adults with SPMI and children/adolescents with SED residing in the State of Kansas will

have available to them comprehensive, accessible, community-based mental health services.

Target: Persons with SPMI who are receiving CMHC case management services and are without law

enforcement contact will remain stable or increase.

Population: Adults with Serious and Persistent Mental Illnesses

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

3:Children's Services

Persons with SPMI who are receiving CMHC case management services and are without law Indicator:

enforcement contact will remain stable or increase.

Numerator: Number of adults with SPMI receiving CMHC services who are without Law Measure:

Enforcement contact.

Denominator: Total number of adults with SPMI receiving CMHC services

Sources of Enrollment/encounter information provided by the CMHCs through the Client Status Report Information: system and the Automated Information Management System

Special Issues: A change was made to the formula used to calculate this measure in FY2007 and

> subsequent years allowing SRS/Mental Health to capture and report the entire fiscal year rather than an average of quarterly measures. This resulted in a decrease in the number of

consumers reporting no law enforcement contact.

Significance: Law Enforcement contact is frequently seen as an indication of a person's inability to cope

with lifestyle boundaries. Improvement in a consumer's daily function without law

enforcement contact may be seen as an indirect measure of the degree to which a mental health provider or system promotes self reliance and social interactions for persons with serious mental illnesses. No Law Enforcement contact is a measure of level of function and

often increases self-esteem and feelings of self worth.

Activities and strategies/ changes/ innovative or exemplary model:

Not Achieved/If Not, Explain Why:

Target Achieved or Target Not Achieved. Kansas has determined that the current methodology used by CMHCs to report law enforcement contact is inconsistent and therefore unreliable. Procedures are underway during FY10 to replace the information used for this performance indicator with administrative data from reliable sources, including the Kansas Department of Corrections. Once consistency and accuracy have been achieved for this measurement, new goals and targets will be established.

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Name of Implementation Report Indicator: Adult - Increased Stability in Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	82.80	80.33	83.50	80.39	103.87
Numerator	7,400	7,355		7,594	
Denominator	8,937	9,156		9,446	

Table Descriptors:

Adults with SPMI and children/adolescents with SED residing in the State of Kansas will Goal:

have available to them comprehensive, accessible, community-based mental health services

Target: 83.5% of adults with SPMI receiving CMHC case management services will be live

independently.

Population: Adults with Serious and Persistent Mental Illnesses

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

3:Children's Services

Indicator: The number of adults with SPMI who are receiving CMHC case management services and

living independently will increase.

Measure: Numerator: Number of adults with SPMI receiving CMHC services who are living

independently.

Denominator: Total number of adults with SPMI receiving CMHC services.

Sources of Information: Sources of Information: Residential Status information provided by the CMHCs through the

Automated Information Management System.

Special Issues:

Significance: Independent community living is a goal frequently valued by people with serious mental

> illnesses. Improvement in a consumer's housing situation is an indirect measure of the degree to which a mental health provider or system promotes independent community living for persons with serious mental illnesses. Independent living is a measure of level of function and it increases self-esteem and feelings of self worth. Independent living is

defined as owning or leasing the residence a person lives in.

Activities and strategies/

In 2007, Kansas identified housing and homeless as a weakness to our system. The Creating Homes Initiative (CHI) was organized and a well thought out plan was developed changes/ innovative with the input of stakeholders and consumers. Recently, three agencies in Kansas serving

or exemplary model: individuals with mental illness were awarded grants totaling 5.5 million from the ARRA funds. These three Homeless Prevention and Rapid Rehousing sub-grantees will provide

financial assistance and services to eligible participants in all Kansas counties including persons who experiencing mental illness. They will target these funds to consumers with SPMI, families with SED children and other persons served by the CMHCs. These grants will change the landscape of the emergency shelters by offering preventive services before the

person becomes homeless.

Target Achieved or Not Achieved/If Not, Explain Why:

Target not achieved. The calculation to determine FY2009 percentage attained is incorrect.

The correct percentage attained should be 96.27%. See Activities and Strategies.

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Name of Implementation Report Indicator: Adult - Increased Social Supports/Social Connectedness (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	N/A	N/A	74.70	N/A
Numerator	N/A	N/A		998	
Denominator	N/A	N/A		1,336	

Table Descriptors:

Goal: Adults with SPMI and children/adolescents with SED residing in the State of Kansas will feel

socially connected, with an array of social supports available to them through access to

comprehensive, accessible, community-based mental health services.

Target: This is the first year Kansas has collected survey information in this performance measure.

Baseline data will continue to be collected during FY10 and FY11, Goals will be established

from this baseline data.

Population: Adults with Severe and Persistent Mental Illnesses who respond to the Kansas Consumer

Satisfaction Survey.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

3:Children's Services

Indicator: The percentage of adults with SPMI that rate social supports/social connectedness

positively.

Measure: Numerator: The number of respondents who answered "Agree" or "Strongly Agree", to

> three of four survey questions relating to social supports/connectedness, on a five-point response. Denominator: The total number of adult respondents to the Kansas Consumer

Satisfaction Survey.

Sources of Statewide aggregate data from the Kansas Adult Consumer Satisfaction Survey. The items Information:

on the survey instrument that relate to social supports/connectedness are questions 33-

Special Issues: This is the first year Kansas has collected survey information in this performance measure.

Baseline data will continue to be collected during FY10 and FY11, Goals will be established

from this baseline data.

Significance:

Activities and strategies/

changes/ innovative or exemplary model:

Not Achieved/If

Target Achieved or This is the first year Kansas has collected survey information in this performance measure. Baseline data will continue to be collected during FY10 and FY11, Goals will be established

Not, Explain Why: from this baseline data.

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Name of Implementation Report Indicator: Adult - Improved Level of Functioning (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	N/A	N/A	76.45	N/A
Numerator	N/A	N/A		1,029	
Denominator	N/A	N/A		1,346	

Table Descriptors:

Goal: Adults with SPMI residing in the State of Kansas will report increased functioning as a result

of receiving an array of social supports available to them through access to comprehensive,

accessible, community-based mental health services.

This is the first year Kansas has collected survey information in this performance measure. Target:

Baseline data will continue to be collected during FY10 and FY11, Goals will be established

from this baseline data.

Adults with Severe and Persistent Mental Illnesses who respond to the Kansas Consumer Population:

Satisfaction Survey.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

3:Children's Services

4:Targeted Services to Rural and Homeless Populations

Indicator: Numerator: The number of respondents who answered "Agree" or "Strongly Agree", to

three of four survey questions relating to functioning, on a five-point response.

Denominator: The total number of adult respondents to the Kansas Consumer Satisfaction

Survey.

Measure: Numerator: The number of respondents who answered "Agree" or "Strongly Agree", to four

survey questions relating to functioning, on a five-point response. Denominator: The total

number of adult respondents to the Kansas Consumer Satisfaction Survey.

Sources of Statewide aggregate data from the Kansas Adult Consumer Satisfaction Survey. The items

Information: on the survey instrument that relate to functioning are 29-32.

This is the first year Kansas has collected survey information in this performance measure. Special Issues:

Baseline data will continue to be collected during FY10 and FY11. Goals will be established

from this baseline data.

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Not Achieved/If

Target Achieved or This is the first year Kansas has collected survey information in this performance measure. Baseline data will continue to be collected during FY10 and FY11, Goals will be established

Not, Explain Why: from this baseline data.

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Name of Implementation Report Indicator: Client Perception of Care: Consumer involvement

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	88	83	86	86	100
Numerator	719	486		1,102	
Denominator	813	585		1,287	

Table Descriptors:

Goal: Consumers of mental health services will be involved in the planning and the provision of

mental health services.

Target: The percentage of adults with SPMI that report that they have been involved in their

treatment planning will increase.

Population: Adults with Severe and Persistent Mental Illnesses who respond to the Kansas Consumer

Satisfaction Survey (KCSS).

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: Ninety percent (90%) of adults with SPMI will report that they have been involved in their

treatment planning.

Measure: Numerator: The number of respondents who answered "Agree" or "Strongly Agree" to 2

survey questions that relate to involvement of the respondent in treatment planning, on a five-point response. Denominator: The total number of adult respondents to the Kansas

Consumer Satisfaction Survey

Sources of State-wide aggregate data from results of the KCSS developed by Kansas University

Information: School of Social Welfare. Baseline data for this measure was collected in 1999. The items in

the survey instrument that relate to consumer involvement are 11 and 17.

Special Issues: This is specifically a reccommendation from goal 2 of the NFC recognizing the importance of

the involvement of consumers in their own treatment planning.

Significance: Exercising the educated consumer role in mental health care allows for choices and greater

responsibility for one's self. Taking on that responsibility increases feelings of self-esteem, self-worth, self-mastery, dignity, and self-respect, all aspects of personhood. Data reported

is based on consumers' self reports.

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Target Achieved.

Not Achieved/If Not, Explain Why:

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Name of Implementation Report Indicator: Community program expenditures.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	67.68	69.90	70.35	70.35	100
Numerator	181,102,123	205,088,035		206,975,946	
Denominator	267,585,107	293,384,004		294,192,237	

Table Descriptors:

Goal: Individuals with serious mental illness, both children and adults, will not be hospitalized

unnecessarily, but will increase their community tenure.

Target:

Population:

Criterion: 5:Management Systems

Indicator: The percentage of state expenditures for community programs out of total state mental

health services budget will remain stable or increase.

Measure: Numerator: Expenditures on community programs. Denominator: Total expenditures for

mental health programs.

Sources of Information:

s of State budget/expenditure reports

Special Issues: This indicator includes community programs for children. Community-based Services

assists children and adolescents with SED, and their families to manage interpersonal difficulties, develop skills for interdependent functioning, and acquire resources to assist the child/family to direct their own lives as much as possible. Community-based Services

helps adults and children to reduce their need for out-of-home placement or $% \left(1\right) =\left(1\right) \left(1\right$

hospitalization, and improve the functioning of individuals within their families, workplace,

and schools. Total budget information is used in the formula.

Significance: Community-based Services assists adults with SPMI to control the symptoms of their

illness, develop the skills and supports they need to succeed where they choose to live, and maintain responsibility, to the greatest extent possible, for setting their own goals,

directing their own lives, and acting responsibly as members of the community.

Activities and strategies/

Kansas mental health authority will continue to advocate for adequate funding for community programs. In this time of reduced fiscal resources, we are hopeful that this

changes/ innovative indicator can be brought back to the previous level.

or exemplary model:

Target Achieved or Target achieved.

Not Achieved/If Not, Explain Why:

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Name of Implementation Report Indicator: Homeless SPMI services

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	968	1,211	1,050	1,208	115
Numerator	N/A	N/A		N/A	
Denominator	N/A	N/A		N/A	

Table Descriptors:

Goal: Individuals in special populations who have a mental illness will have available to them the

desired mental health services, provided in a manner that preserves human dignity and

assures continuity and high quality, cost effective care.

Target: 1,050 homeless persons with SPMI will receive CMHC case management services during FY

2009.

Population: Adults with Severe and Persistent Mental Illnesses who are homeless.

Criterion: 4: Targeted Services to Rural and Homeless Populations

Indicator: The number of homeless persons with SPMI receiving CMHC case management services will

increase during the current fiscal year.

Measure: Count of homeless persons receiving case management services at a CMHC.

Sources of Enrollment/encounter data; demographic data; accepted formulas for estimating

homelessness. Information:

Special Issues:

Significance: An accurate count of homeless people is difficult to obtain. Identification of homeless

people who are in need of mental health services is also difficult. Often, homeless individuals with mental illnesses come to the attention of the legal system before the mental health system. This results in inappropriate use of jails as treatment locations. Assertive outreach programs are needed to locate and identify this population and offer

treatment.

Activities and strategies/

Three agencies in Kansas serving individuals with mental illness were recently awarded grants totaling 5.5 million from federal ARRA funds. These three Homeless Prevention and changes/ innovative Rapid Rehousing sub-grantees will provide financial assistance and services to eligible or exemplary model: participants in all Kansas counties including persons who experiencing mental illness. They

will target these funds to consumers with SPMI, families with SED children and other persons served by the CMHCs. These grants will change the landscape of the emergency shelters by offering preventive services before the person becomes homeless.

Target Achieved or Target achieved.

Not Achieved/If Not, Explain Why:

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ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Per capita expenditures.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	76.33	87.53	78	83.52	107
Numerator	150,827,694	173,367,620		173,878,549	
Denominator	1,975,987	2,079,051		2,081,769	

<u>Table Descriptors:</u>

Goal: Adults with SPMI and children/adolescents with SED residing in the State of Kansas will

have available to them comprehensive, accessible, community-based mental health services.

Target: State mental health expenditures per capita will remain stable or increase.

Population: Adults with Severe and Persistent Mental Illnesses.

Criterion: 5:Management Systems

Indicator: State mental health expenditures per capita will remain stable or increase.

Measure: Numerator: State mental health dollars expended on adult programs. Denominator: Total

adult population of Kansas (over 20).

Sources of Information:

Kansas's budget/expenditure reports.

Special Issues: *The Numerator in the indicator above includes children's community programs and dollars.

Kansas has been trying to work with our budget department in separating these numbers,

but are still in the process of working on how this can be achieved.

Significance: Level or increased funding of mental health services provide for stable staffing of services

or an increase in staffing as needed. Services require trained personnel to provide adequate

care and treatment.

Activities and strategies/ changes/ innov

changes/ innovative or exemplary model:

Target Achieved or Target achieved.

Not Achieved/If Not, Explain Why:

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Name of Implementation Report Indicator: Per person expenditures.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	10,377	11,603	10,600	10,970	103
Numerator	150,827,694	173,367,620		173,878,549	
Denominator	14,535	14,941		15,850	

<u>Table Descriptors:</u>

Goal: Adults with SPMI and children/adolescents with SED residing in the State of Kansas will

have available to them comprehensive, accessible, community-based mental health services.

Target: State mental health average expenditures per person served will remain stable or increase.

Population: Adults with Severe and Persistent Mental Illnesses accessing services supported by the

state mental health budget.

Criterion: 5:Management Systems

Indicator: State mental health average expenditures per person served will remain stable or increase.

Measure: Numerator: Number of state dollars expended for adult mental health services.

Denominator: Number of adult persons with SPMI served by CMHC programs.

Sources of Enrollment/encounter information provided by the CMHCs through the Client Status Report

Information: system; Kansas budget/expenditure reports.

Special Issues:

Significance: Level or increased funding of mental health services provide for stable staffing of services

or an increase in staffing as needed. Services require trained personnel to provide adequate

care and treatment.

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Target achieved.

Not Achieved/If Not, Explain Why:

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Name of Implementation Report Indicator: Rural SPMI services.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	4,220	4,263	4,200	N/A	N/A
Numerator	N/A	N/A		N/A	
Denominator	N/A	N/A		N/A	

Table Descriptors:

Goal: Individuals in special populations who have a mental illness will have available to them the

desired mental health services, provided in a manner which preserves human dignity and

assures continuity and high quality, cost effective care.

Individuals in special populations who have a mental illness will have available to them the Target:

desired mental health services, provided in a manner which preserves human dignity and

assures continuity and high quality, cost effective care.

Population: Adults with Severe and Persistent Mental Illnesses who live in rural areas.

Criterion: 4: Targeted Services to Rural and Homeless Populations

Indicator: The number of rural persons who have SPMI that receive CMHC services will increase.

Measure: Count of persons in rural areas who receive Mental Health services at a CMHC.

Sources of Enrollment/encounter data; demographic data; accepted formulas for estimating

Information: homelessness.

Special Issues:

Significance: According to the Kansas Department of Health and Environment (KDHE), there is no single

standardized definition for "rural" in use by the State of Kansas, or the federal

government. However, after considering a number of options presented by KDHE, Mental Health determined that a definition of rural that is based on population density of less than 30 people per square mile accurately reflects the number of rural counties in Kansas. Given this definition of rural, (<30 persons per square mile), 79 of Kansas' 105 counties (77%)

are rural.

Activities and strategies/

totaling \$5.5 million from federal ARRA funds. These three Homeless Prevention and Rapid changes/ innovative Rehousing sub-grantees will provide financial assistance and services to eligible participants or exemplary model: in all Kansas counties including persons who experiencing mental illness. They will target

Three agencies in Kansas serving individuals with mental illness were awarded grants

these funds to consumers with SPMI, families with SED children and other persons served by the CMHCs. These grants will change the landscape of the emergency shelters by

offering preventive services before the person becomes homeless.

Target Achieved or Target achieved. Not Achieved/If

Not, Explain Why:

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Name of Implementation Report Indicator: SMHH Length of Stay-SPMI

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	42	37	32	42	69
Numerator	N/A	N/A		N/A	
Denominator	N/A	N/A		N/A	

Table Descriptors:

Goal: Individuals with serious mental illness, both children and adults will not be hospitalized

unnecessarily, but will increase their community tenure.

Target: The average inpatient length of stay for adults with SPMI at State Mental Health Hospitals

will decrease to 32 days.

Population: Adults (age 18 and over) with Serious and Persistent Mental Illnesses. **Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: The average inpatient length of stay for adults with SPMI at State Mental Health Hospitals

will decrease.

Measure: Calculation of the average length of stay for all state mental health facilities is defined for

URS table 6. Discharges during the Year (Duplicated) represents all discharges during the reporting period. If a person has multiple discharges during the reporting period, all

discharges are counted.

Sources of Information:

State Mental Health Hospital admission and discharge data.

Special Issues:

Significance: Hospitalization is restrictive and separates the consumers from their families and friends.

Lower lengths of stay are measures of effective efforts to divert hospitalizations to

community services.

Activities and strategies/

During FY2008, in response to the growing demand for more Mental Health inpatient beds, strategies/ changes/ Kansas SRS Mental Health, under the leadership of the Deputy

changes/ innovative Secretary of Social and Rehabilitation Services Disability and Behavioral Health Services, **or exemplary model:** formed the Hospital and Home Initiative Core Team. The findings of this team have

identified specific goals in several target areas. Strategies to achieve these goals were implemented during FY2009. Improvement in this indicator is anticipated to yield

improvement on this performance measure as goals are accomplished.

Target Achieved or Not Achieved/If

Target Achieved or Target Not Achieved. See Activities and Strategies.

Not, Explain Why:

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Name of Implementation Report Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	45	46	49	55	112.24
Numerator	N/A	N/A		N/A	
Denominator	N/A	N/A		N/A	

Table Descriptors:

Goal: Adults with SPMI and children/adolescents with SED residing in the State of Kansas will

have available to them comprehensive, accessible, community-based mental health services.

Target: The number of children with a SED in Kansas that receive services from a CMHC will

increase.

Population: Children and adolescents with a Severe Emotional Disturbance.

Criterion: 2:Mental Health System Data Epidemiology

3:Children's Services

Indicator: The number of children with a SED in Kansas that receive services from a CMHC will

ncrease.

Measure: Numerator: The number of children with a SED who are receiving state-funded services

from the Community Mental Health Centers in Kansas.

Denominator: Total estimated prevalence of children with a SED in the state of Kansas.

Sources of Information:

Enrollment data provided by the CMHCs; demographic data and prevalence rates based on accepted formulas as described in the Federal Register, Vol. 63, No. 137, July 17, 1998.

Special Issues: Prior to FY08, the prevalence of children with a SED in the state of Kansas was reported

using 2000 census figures. The prevalence rate of SED has been recalculated for FY08 based on the Center for Mental Health Services (CMHS) definition of Serious Emotional Disturbance and the estimation methodology described in the Federal Register, Vol. 63, No. 137, July 17, 1998. This has resulted in an increase in the percentage of treated prevalence of children with a SED statewide due to the underestimation of the prevalence in Kansas as

acknowledged by the authors of the Federal Register Notice.

Significance: The target population for state-funded mental health services is those children with a

Serious Emotional Disturbance. Based on accepted formulas, a given percentage of this total population will require state-funded services that are provided by Community Mental

Health Centers due to the financial and clinical characteristics of their situation.

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Target achieved.

Not Achieved/If Not, Explain Why:

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Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	7.10	7.61	7	7.04	99.43
Numerator	25	34		14	
Denominator	352	447		199	

<u>Table Descriptors:</u>

Goal: Individuals with serious mental illness, both children and adults will not be hospitalized

long-term unnecessarily, but will increase their community tenure.

Target: Reduction in the number of children with a SED discharged from a SMHH who are

readmitted within 30 days of discharge.

Population: Children with Serious Emotional Disturbance who have been discharged from a State Mental

Health Hospital (SMHH).

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

3:Children's Services

Indicator: The number of children with a SED discharged from a SMHH who are readmitted to state

psychiatric inpatient care within 30 days of discharge will decrease.

Measure: Numerator: Number of SED Children readmitted to the SMHH within 30 days. Denominator:

Total number of SMHH discharges of SED Children.

Sources of Information:

Admission/discharge data from SMHHs.

Special Issues:

Significance: Rapid readmission rate reflects ineffective community programs, very severe illness, or

noncompliance. For children stigma associated with hospitalization as well as disruption of

family relationships are special considerations.

Activities and strategies/

changes/ innovative or exemplary model:

Target Achieved or Target achieved.

Not Achieved/If

Not, Explain Why:

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Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	15.06	17.45	15	14.57	102.95
Numerator	53	78		29	
Denominator	352	447		199	

Table Descriptors:

Goal: Individuals with serious mental illness, both children and adults will not be hospitalized

long-term unnecessarily, but will increase their community tenure.

Target: Reduction in the number of children with a SED discharged from a SMHH who are

readmitted within 180 days of discharge.

Population: Children with a Serious Emotional Disturbance who have been discharged from a SMHH.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

3:Children's Services

Indicator: The number of children with a SED discharged from a SMHH who are readmitted to state

psychiatric inpatient care within 30 days of discharge will decrease.

Measure: Numerator: Number of SED Children readmitted to the SMHH within 180 days.

Denominator: Total number of SMHH discharges of SED Children.

Sources of Information: Admission/discharge data from SMHHs.

Special Issues:

Significance: Rapid readmission rate reflects ineffective community programs, very severe illness, or

noncompliance. For children the stigma associated with hospitalization as well as disruption

of family relationships are special considerations.

Activities and strategies/

changes/ innovative or exemplary model:

Target Achieved or Target achieved.

Not Achieved/If Not, Explain Why:

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Transformation Activities: \Box

Name of Implementation Report Indicator: Evidence Based - Number of Practices (Number)

<u> </u>					
(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A		N/A	
Denominator	N/A	N/A		N/A	

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

3:Children's Services

Indicator:
Measure:
Sources of
Information:
Special Issues:
Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

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Transformation Activities: \Box

Name of Implementation Report Indicator: Evidence Based - Children with SED Receiving Therapeutic Foster Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A		N/A	
Denominator	N/A	N/A		N/A	

<u>Table Descriptors:</u>

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Kansas does not provide a program for Therapeutic Foster Care that meets the SAMHSA

criteria for EBP; therefore no data is reported for this Performance Indicator.

Significance:

Activities and strategies/

changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

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Transformation Activities: \Box

 $\textbf{Name of Implementation Report Indicator:} \ \ \text{Evidence Based - Children with SED Receiving Multi-Systemic}$

Therapy (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)		
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained		
Performance Indicator	N/A	N/A	N/A	N/A	N/A		
Numerator	N/A	N/A		N/A			
Denominator	N/A	N/A		N/A			

<u>Table Descriptors:</u>

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

3:Children's Services

Indicator:

Measure:

Sources of

 ${\bf Information:}$

Special Issues: Kansas does not provide a program for Multi-Systemic Therapy that meets the SAMHSA

criteria for EBP, therefore no data is reported for this Performance Indicator.

Significance:

Activities and strategies/

changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

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Transformation Activities: \Box

Name of Implementation Report Indicator: Evidence Based - Children with SED Receiving Family Functional Therapy (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A		N/A	
Denominator	N/A	N/A		N/A	

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues: Kansas does not provide a program for Family Functional Therapy that meets the SAMHSA

criteria for EBP, therefore no data is reported for this Performance Indicator.

Significance:

Activities and strategies/

changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

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Name of Implementation Report Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	84.10	83.53	85.50	96.18	112.49
Numerator	1,539	1,212		1,664	
Denominator	1,830	1,451		1,730	

Table Descriptors:

Adults with SPMI and children/adolescents with SED residing in the State of Kansas will Goal:

have available to them comprehensive, accessible, community-based mental health services.

Target: An increase in the number of children and adolescents (or their family members) with a SED

that report on the Kansas Youth/Family Services Surveys (KYSS/KFSS) an overall

satisfaction with the CMHC services they have received.

Population: Children and adolescents with Serious Emotional Disturbances.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

3:Children's Services

Indicator: Children and adolescents (or their family members) reporting overall satisfaction on the

Youth Services Survey for Families about receiving CMHC services will increase or remain

stable.

Measure: Numerator: Number of positive reponses to survey. Denominator: Total number of

responses.

Sources of Youth Services Survey for Families responses from family members and youth.

Information:

Special Issues: The Kansas Youth/Family Satisfaction Surveys do not use random sampling methodology.

As a result, confidence levels were not calculated.

Significance: Overall satisfaction with service is generally perceived to be indicative of quality services.

Families have an expectation that services received for their children are effective and

helpful.

Activities and strategies/

changes/ innovative or exemplary model:

Target Achieved or Target achieved. Not Achieved/If

Not, Explain Why:

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Name of Implementation Report Indicator: Child - Return to/Stay in School (Percentage)

				, , , , , , , , , , , , , , , , , , , ,	
(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	94.55	95.43	95	96.42	101.49
Numerator	9,432	9,536		10,763	
Denominator	9,976	9,993		11,163	

Table Descriptors:

Goal: Children and adolescents with SED will have improved outcomes due to mental health

services and supports.

Target: The percentage of children with a SED who are served by CMHCs and are attending school

regularly will remain stable at 95%.

Population: Children and adolescents with severe emotional disturbance(SED) **Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems

3:Children's Services

Indicator: The percentage of children with a SED who are served by CMHCs and are attending school

requiarly.

Measure: Numerator: The number of children with SED who are attending school regularly.

Denominator: The total number of children with SED who are served by CMHCs.

Sources of Enrollment/client status information collected by Community Mental Health Centers and

Information: reported in the Automated Information Management System (AIMS).

Special Issues: Kansas has previously collected and reported information on school attendance as a State

Indicator. Actual numbers for previous fiscal years are included in this NOM for reference. Excused and unexcused absences for children/adolescents with SED is reported by each CMHC through monthly client status reports and collected in the Automated Information Management System (AIMS). Unexcused absences are counted for the purpose of

monitoring regular attendance for this NOM.

Significance: Maintaining continuous schooling is important for the social and cognitive development of

children. Often, disruption in school results in the child falling behind, which results in frustration, and potentially dropping out of school. Regular school attendance is defined as children/adolescents with no more than 6 unexcused absenses reported in the fiscal year.

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Target achieved.
Not Achieved/If

Not, Explain Why:

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Name of Implementation Report Indicator: Child - Decreased Criminal Justice Involvement (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	83.19	85.09	86	84.66	98.44
Numerator	7,866	8,503		9,451	
Denominator	9,456	9,993		11,163	

Table Descriptors:

Goal: Children and adolescents with a SED will have improved outcomes due to mental health

services and supports.

The percentage of children with SED who are receiving CMHC services and are without law Target:

enforcement contact will increase by 1/2 percent.

Population: Children and adolescents with Severe Emotional Disturbances

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

3:Children's Services

The percentage of children with SED who are receiving CMHC services and are without law Indicator:

enforcement contact will increase.

Measure: Numerator: Number of children who are without law enforcement contact.

Denominator: Total number of children with SED who are served by CMHCs.

Sources of Sources of Information: Enrollment/encounter information provided by the Community

Information: Mental Health Centers through the Client Status Report system in AIMS.

Special Issues:

Significance: Contact with law enforcement officials reflects a lack of good social skills or antisocial

> tendencies. Reducing the rate that children and adolescents with SED come into contact with law enforcement is a result of effective treatment and socialization efforts. Without Law Enforcement Contact is defined as children without arrests and without their parent(s)

contacted by law enforcement officials regarding the child.

Activities and strategies/ changes/ innovative or exemplary model:

Not Achieved/If Not, Explain Why:

Target Achieved or Target not achieved. Kansas has determined that the current methodology used by CMHCs to report law enforcement contact is inconsistent and therefore unreliable. Procedures are underway during FY10 to replace the information used for this performance indicator with administrative data from reliable sources, including the Kansas Juvenile Justice Authority.

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Name of Implementation Report Indicator: Child - Increased Stability in Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	83.80	85.87	85.50	86.93	98.35
Numerator	8,360	8,581		9,704	
Denominator	9,976	9,993		11,163	

Table Descriptors:

Goal: Children and adolescents with SED will have improved outcomes due to mental health

services and supports.

Target: The percentage of children with SED who are in CMHC case management services and are

living at home will remain stable or increase.

Population: Children and adolescents with Severe Emotional Disturbances.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

3:Children's Services

Indicator: The percentage of children with SED who are in CMHC case management services and are

living at home will increase.

Measure: Numerator: Number of children with a SED receiving CMHC case management services that

are living at home.

Denominator: Total number of children with a SED receiving CMHC case management

services.

Sources of Enrollment/encounter data from CMHC collected in the Automated Information Management

Information: System (AIMS).

Special Issues:

Significance: Remaining in the home of origin enhances a child's access to settings and activities available

to

most of their peers, in normal community environments. A child in his/her own family environment is more responsive to treatment and able to "internalize" and "apply" newly learned skills in interpersonal relationships in the natural setting. Living at home is defined

as

children living with parents (biological, adoptive, or legal custodians) or living independently.

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

Target Achieved or Target achieved. The calculation to determine FY2009 percentage attained is incorrect. The

hieved/If correct percentage attained should be 101.67%

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Transformation Activities: \Box

Name of Implementation Report Indicator: Child - Increased Social Supports/Social Connectedness (Percentage)

. 3,					
(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A		N/A	
Denominator	N/A	N/A		N/A	

<u>Table Descriptors:</u>

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues: Kansas does not currently collect information on Increased Social Supports/Social

Connectedness through the annual consumer satisfaction survey, however will include these questions in the FY10 survey. No data is reported for this Performance Indicator.

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

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Transformation Activities: \Box

Name of Implementation Report Indicator: Child - Improved Level of Functioning (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A		N/A	
Denominator	N/A	N/A		N/A	

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

3:Children's Services

4:Targeted Services to Rural and Homeless Populations

Indicator: Measure:

Sources of Information:

Special Issues: Kansas does not currently collect information on Improved Level of Functioning through

the annual consumer satisfaction survey, however will include these questions in the FY10

survey. No data is reported for this Performance Indicator.

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

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Name of Implementation Report Indicator: Increased Access to Services: Rural SED services

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	7,564	7,786	7,600	8,296	109
Numerator	N/A	N/A		N/A	
Denominator	N/A	N/A		N/A	

Table Descriptors:

Goal: Individuals in special populations that have a mental illness will have available to them the

desired mental health services that are provided in a manner that preserves human dignity

and assures continuity and high quality, cost effective care.

Target: The number of rural children who have a SED that receive mental health services at CMHCs

will increase.

Population: Children and adolescents with Severe Emotional Disturbances who live in rural counties.

Criterion: 4:Targeted Services to Rural and Homeless Populations

Indicator: The number of rural children with a SED receiving CMHC services will increase.

Measure: Unduplicated count of children with a SED living in rural counties who receive state funded

mental health services from a CMHC

Sources of Enrollment/encounter data; demographic data; accepted formulas for estimating

Information: homelessness.

Special Issues: According to the Kansas Department of Health and Environment (KDHE), there is no single

standardized definition for "rural" in use by the State of Kansas, or the federal

government. However, after considering a number of options presented by KDHE, Mental Health determined that a definition of rural that is based on population density of less than 30 people per square mile accurately reflects the number of rural counties in Kansas. Given this definition of rural, (<30 persons per square mile), 79 of Kansas' 105 counties (77%)

are rural.

Significance: Rural areas are characterized by sparse populations, limited access to large cities, and

considerable traveling distances to "market areas" for work or everyday living activities and highly specialized services. Fewer local services and resources, both human and financial, often hinder efforts to serve children with mental health treatment needs in the rural areas. Mental Health Reform has resulted in the development of some case management and

home-based therapy services.

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Target achieved.

Not Achieved/If Not, Explain Why:

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Transformation Activities:

Name of Implementation Report Indicator: Per capita expenditures

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	42.46	51.91	46	54.56	119
Numerator	30,274,429	36,181,684		33,097,397	
Denominator	712,933	696,946		606,649	

<u>Table Descriptors:</u>

Goal: Adults with SPMI and children/adolescents with SED residing in the State of Kansans will

have available to them comprehensive, accessible, community-based mental health services

Target: State Mental Health expenditures per capita will remain stable or increase.

Population: Children and adolescents with Severe Emotional Disturbances

Criterion: 5:Management Systems

Indicator: State Mental Health expenditures per capita will remain stable or increase.

Measure: Numerator: State mental health dollars expended for children's services. Denominator:

Total child/adolescent population of Kansas

Sources of Information:

Kansas budget/expenditure reports.

Special Issues:

Significance: Level or increased funding of mental health services provide for stable staffing of services

or an increase in staffing as needed. Services require trained personnel to provide adequate

care and treatment.

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Target achieved.

Not Achieved/If Not, Explain Why:

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Name of Implementation Report Indicator: Per person expenditures

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	1,504	1,713	1,650	1,453	88
Numerator	30,274,429	36,181,684		33,097,397	
Denominator	20,116	21,117		22,773	

Table Descriptors:

Goal: Adults with SPMI and children/adolescents with SED residing in the State of Kansas will

have available to them comprehensive, accessible, community-based mental health services

Target: State Mental Health expenditures per person served will remain stable or increase.

Population: Children and adolescents with Severe Emotional Disturbances who are accessing services

supported by the state mental health budget.

Criterion: 5:Management Systems

Indicator: State Mental Health expenditures per person served will remain stable or increase.

Measure: Numerator: Number of state dollars expended for SED children's mental health services.

Denominator: Number of children and adolescents served by CMHCs.

Sources of Enrollment/encounter information provided by the CMHCs through the Client Status Report

Information: system; Kansas budget/expenditure reports.

Special Issues:

Significance: Level or increased funding of mental health services provide for stable staffing of services

or an increase in staffing as needed. Services require trained personnel to provide adequate

care and treatment.

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Target achieved.

Not Achieved/If Not, Explain Why:

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Name of Implementation Report Indicator: Return/Stay in School: Academic performance

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	75.90	74.40	74.50	74.20	99.60
Numerator	7,575	7,437		8,277	
Denominator	9,976	9,993		11,163	

Table Descriptors:

Goal: Children and adolescents with SED will have improved outcomes due to mental health

services and supports

Target: The percent of children with SED who are in CMHC case management services and are

achieving a "C" or better grade in academic performance will increase.

Population: Children and adolescents with Severe Emotional Disturbances

Criterion: 3:Children's Services

Indicator: The percent of children with SED who are in CMHC case management services and are

achieving a "C" or better grade in academic performance will increase.

Measure: Numerator: Number of children who achieved a "C" or better grade in school. Denominator:

Total number of children with SED who are served by CMHCs.

Sources of Information:

School records; enrollment data; Client Status Report data

Information: Special Issues:

Significance: Improvement in school performance often corresponds with improvement in social

functioning and improvement in clinical features. Improvement in school performance and

positively affect feelings of self-esteem and self-worth.

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Target achieved.

Not Achieved/If Not, Explain Why:

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Name of Implementation Report Indicator: SMHH Length of Stay-SED

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2007 Actual	FY 2008 Actual	FY 2009 Target	FY 2009 Actual	FY 2009 Percentage Attained
Performance Indicator	21	18	14.50	14	103
Numerator	N/A	N/A		6	
Denominator	N/A	N/A		200	

Table Descriptors:

Goal: Individuals with serious mental illness, both children and adults will not be hospitalized

unnecessarily, but will increase their community tenure.

Target: The Average Length of Stay of children or adolescents with SED at the SMHHs

(Osawatomie State Hospital, STAR (KVC), and Larned State Hospital) will decrease.

Population: Children and adolescents with Severe Emotional Disturbances

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: The Average Length of Stay of children or adolescents with SED at the SMHHs

(Osawatomie State Hospital, STAR (KVC), and Larned State Hospital) will decrease.

Measure: Calculation of the Average Length of Stay for all state facilities that admit children and

adolescents.

Sources of

State Mental Health Hospital admission and discharge data.

Information: Special Issues:

Significance: Hospitalization is restrictive and separates the children with a SED from their families and

friends, often their most important support network. Lower lengths of stay are measures

of effective efforts to divert hospitalization to community services.

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Target achieved.

Not Achieved/If Not, Explain Why:

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Upload Planning Council Letter for the Implementation Report

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SHERMAN "WES" COLE, CHAIRPERSON

SCOTT JACKSON, VICE-CHAIR

December 1, 2009

Don Jordan, Secretary Kansas Social and Rehabilitation Services Docking State Office Building, 10th Floor North 915 SW Harrison Topeka, KS 66612-1570

Dear Secretary Jordon:

In submitting the Kansas Implementation Report for the CMHS Block Grant it is required that a letter from the State Mental Health Planning Council be enclosed as well, containing comments on the report. The Council has been actively involved in the development of the Block Grant, and in reviewing performance indicators for adult and children's services.

Performance indicators in services for adults who have a severe and persistent mental illness (SPMI) and receive case management show that in fiscal year 2009:

- 80.27% were living independently
- 83.09% were without law enforcement contact
- 26.21% were competitively employed

Kansas did experience a decrease in the competitively employed category. It is felt that the economy was probably the reason for this decrease as Kansas has experienced a 7.7% unemployment rate. It will be something that we will monitor very closely in the upcoming year.

During the year, the Council sponsored subcommittees and task forces to study the needs of adults who have a severe and persistent mental illness. Their findings greatly impact our decisions and recommendations. We have observed increases in the involvement of adult consumers in program planning and development as well as in self advocacy. There continues to be an increase in the development of Consumer-Run Organizations (CROs) which are now playing an important role in the reintegration of consumers to the community.

Performance indicators for children experiencing severe emotional disturbance (SED) and receiving case management services show that in fiscal year 2009:

- 86.83% were living in a permanent home
- 84.73% were without law enforcement contact
- 96.51% were attending school regularly

www.srskansas.org/hcp/MHmain.htm (Meeting minutes, Strategic Plan, Block Grant, Implementation Report, Newsletter)

www.namikansas.org www.keys.org www.drckansas.org/ www.kansascac.org

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Emphasis continues to be placed on crisis and hospital needs for children as well as collaboration with other systems serving children, including Juvenile Justice.

Of even more importance is the fact that we increased the number of people we are serving to 28.23% of adults and 50.58% of children who experience SPMI or SED. The increase for children was 5% in fiscal year 2009.

A special thanks is expressed to you and Disability and Behavioral Health Services/Mental Health staff for their support of the Governor's Mental Health Services Planning Council in carrying out its responsibilities.

Cincaraly

Sherman Wes Cole, Chairman

Governor's Mental Health Services Planning Council

www.srskansas.org/hcp/MHmain.htm (Meeting minutes, Strategic Plan, Block Grant, Implementation Report, Newsletter)

www.namikansas.org www.keys.org www.drckansas.org/ www.kansascac.org

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OPTIONAL- Applicants may use this page to attach any additional documentation they wish to support or clarify their application. If there are multiple files, you must Zip or otherwise merge them into one file.

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